

SAM1.PAU.14A



MS AF  
REPLY UNDER 37 C.F.R. § 1.116  
EXPEDITED PROCEDURE  
EXAMINING GROUP

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

re application of:  
HUMPLEMAN et al. )  
For: METHOD AND APPARATUS FOR A )  
HOME NETWORK AUTO-TREE BUILDER )  
Application No.: 09/709,781 )  
Filed: November 3, 2000 )  
09/592,596 )  
Group Art Unit: 2176 )

Amendment in Response to August 12, 2004 Final Office Action

Mail Stop AF  
Commissioner of Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

Dear Sir:

Applicant hereby responds to the Final Office Action dated August 12, 2004.

Reexamination and allowance of the claims is respectfully requested in view of the following  
amendments and remarks.

The Claims are reflected in the listing of the claims which begins on page 2 of this  
paper.

Remarks begin on page 12 of this paper.

01/11/2005 NPATTERS 00000002 011980 09709781

01 FC:1202 18.00 DA

PATENT APPLICATION FEE DETERMINATION RECORD  
Effective October 1, 2003

Application or Docket Number

09/709,781

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	10 minus 20 =	
INDEPENDENT CLAIMS	1 minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

\* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		
					MINUS	=
Total	35	Minus	35			
Independent	4	Minus	4			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>						

SMALL ENTITY  
TYPE

OTHER THAN  
SMALL ENTITY  
OR

RATE	FEES
BASIC FEE	385.00
XS 9=	
X43=	
+145=	
TOTAL	

RATE	FEES
BASIC FEE	770.00
XS18=	
X86=	
+290=	
TOTAL	

SMALL ENTITY  
OR

OTHER THAN  
SMALL ENTITY

RATE	ADDI- TIONAL FEE
XS 9=	
X43=	
+145=	
TOTAL	

RATE	ADDI- TIONAL FEE
XS18=	
X86=	
+290=	
TOTAL	

RATE	ADDI- TIONAL FEE
XS 18=	
X86=	
+290=	
TOTAL	

RATE	ADDI- TIONAL FEE
XS18=	
X86=	
+290=	
TOTAL	

AMENDMENT	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		
					MINUS	=
Total	36	Minus	35	1		
Independent	4	Minus	4	0		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>						

RATE	ADDI- TIONAL FEE
XS 9=	
X43=	
+145=	
TOTAL	

RATE	ADDI- TIONAL FEE
XS18=	
X86=	
+290=	
TOTAL	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  
\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.